|      | 30 chars                                    | incl spa    | ces)                                |                       |                     | *************************************** | <u>27/04</u>   |  |  |  |  |
|------|---|-------------|-------------------------------------|-----------------------|---------------------|---|--|--|--|--|--|
| C    | T   | r           | RBAGE                               |                       |                     |   | [ OF WINDSOR AND MAIDENHEAD  |  |  |  |  |
| ie   | TC  | TS          | CostC                               | Cat                   | Cat                 | Cat                                     | Net £ INVOICE FOR  |  |  |  |  |
| •    | EZ.   |             | MT30                                |                       |                     |   | 4.49 LE & DEPENDENTS' CARERS' SERVICES   |  |  |  |  |
|      |   |             |                                     |                       |                     |   | (  |  |  |  |  |
| ecia |   | <u></u>     |                                     |                       |                     |   | PLETED BY COUNCILLOR   |  |  |  |  |
|      | ctions<br>ct name                           | _           | 10000                               | 1 5                   | E)                  | d No.                                   |  |  |  |  |  |
|      | 1   |             | <i>larfor</i>                       | r ·                   | ,                   |   | ease Print) CUR. DAVID BURBAGE-  |  |  |  |  |
|      | NA  | ME C        | F CARE                              | R                     |                     |   |  |  |  |  |  |
|      | CA'   | TEGO        | DRY OF                              | CARE PI               | ROVIDI              | ED (ple                                 | ease tick)   |  |  |  |  |
|      |   | Chile       | lcare i.e.                          | for childi            | en aged             | l 15 or 1                               | less   |  |  |  |  |
|      |   | Care :      | for depen<br>en/sibling             | dents on<br>gs who ar | social/n<br>e depen | nedical<br>ident up                     | grounds i.e. elderly parents or disabled pon a Member  |  |  |  |  |
|      | APF   | ROV         | ED DUT                              | THAT                  | CARE                | R SER                                   | VICE RELATES TO: Attendance a " Improvement  |  |  |  |  |
|      |   |             |                                     |                       | • • • • • • • • • • | • | Strain officially "  |  |  |  |  |
|      | DAT   | TE OF       | CARER                               | SERVI                 | CE (DD              | /MM/Y                                   | YY) 9 13/2010 Awards ceremony to   |  |  |  |  |
|      |   |             |                                     |                       |                     |   | Long authorities &   |  |  |  |  |
|      | PLE   | ASE         | NOTE,                               | THE AL                | LOWA                | NCE I                                   | IS PAYABLE FOR THE LENGTH OF THE   |  |  |  |  |
|      | QUA   | ALIF        | YING AI                             | PPROVI                | ED DUT              | ΓY AN                                   | ID CAN INCLUDE TRAVEL TIME UP TO A   |  |  |  |  |
|      | MA  | XIMI        | JM OF C                             | DNE HO                | UR PE               | R CLA                                   | AYM.   |  |  |  |  |
|      | TIME EXTERNAL CONFERENCE / AWARDS CERCHONY. |             |                                     |                       |                     |   |  |  |  |  |  |
|      | F   | rom         |                                     | 1845                  |                     |   | 3hrs@ £4.83  |  |  |  |  |
|      | Γ   | o.          |                                     | 2145                  |                     |   | Chrstal #4.00  |  |  |  |  |
|      | r   | otal l      | iours                               | 10 3 C                | ٠,                  | (V                                      | Maximum 4 hours) $= \pm 14.49$   |  |  |  |  |
|      | I dec                                       | lare ti     | nat I have                          | actually              | and nec             | Sagger#1                                | ly incorred owner diffusions are sense for the contract of   |  |  |  |  |
|      | enabl                                       | ling n      | nat i mayo                          | actually<br>orm anni  | oved du             | ities as                                | ly incurred expenditure on carer services for the purpose of a Member of the Council and that I have actually paid the |  |  |  |  |
|      | carer                                       | . I dec     | lare that                           | the carer             | is 18 ye            | ears of                                 | age or over and not an immediate member of my family or  |  |  |  |  |
|      | perso                                       | n resi      | ding with                           | ı me who              | has pro             | ovided t                                | the care.  |  |  |  |  |
|      | Signa                                       | iture (     | of Membe                            | er                    | ٠,                  | v                                       | Date 14/4/10   |  |  |  |  |
| Ì    | FAIL  | URE         | TO PRO                              | VIDE RE               | CEIPT               | S MAY                                   | RESULT IN NON-PAYMENT OF THE CLAIM.  |  |  |  |  |
| -11  | KEC   | EIPT        | ATTACH                              | ED (plea              | se tick)            |   | Yes No   |  |  |  |  |
|      |   |             |                                     |                       |                     |   |  |  |  |  |  |
|      |   | ·-···       |                                     |                       |                     |   |  |  |  |  |  |
|      |   |             |                                     |                       |                     |   | OMPLETED BY CARER  |  |  |  |  |
|      | I decl                                      | are th      |                                     | supplied              |                     |   | etailed above.   |  |  |  |  |
|      | ~ 1   |             | at I have                           | •                     | the ser             | vices de                                | etailed above.   |  |  |  |  |
|      | ~ 1   |             | at I have                           | •                     | the ser             | vices de                                | letailed above.  |  |  |  |  |
|      | ~ 1   |             | at I have                           | •                     | the ser             | vices de                                | etailed above.   |  |  |  |  |
|      | Signa<br>Age c                              | ture o      | at I have<br>of Carer<br>er (please | tick)                 | the service         | vices de                                | Date   |  |  |  |  |
|      | Signa<br>Age c                              | ture o      | at I have<br>of Carer<br>er (please | tick)                 | the service 18-21   | vices de                                | Date   |  |  |  |  |
| P    | Signa<br>Age c                              | ture of Car | at I have<br>of Carer<br>er (please | tick) n to: Den       | the service 18-21   | yrs Service OR OFF                      | Date   |  |  |  |  |



## ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

## INVOICE FOR MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

## TO BE COMPLETED BY COUNCILLOR

| INVOICE SUBMITTED BY COUNCILLOR (Please Print). CIL D. BURBAGE   |
|--|
| NAME OF CARER  |
| CATEGORY OF CARE PROVIDED (please tick)  Childcare i.e. for children aged 15 or less  Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member   |
| APPROVED DUTY THAT CARER SERVICE RELATES TO:- Chairing Caldinet Meeting  |
| DATE OF CARER SERVICE (DD/MM/YY) 27th May 2010   |
| PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.  TIME  From 1815 To 2115 Total hours 3  (Maximum 4 hours)  (Maximum 4 hours)  FOR THE LENGTH OF THE LE |
| TIME Heating began! 7.35   |
| From 1815 Recting Ended: 5.7   |
| To 2115  |
| Total hours 3 (Maximum 4 hours) = $\frac{70.30}{}$   |
| I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.   |
| Signature of Member  |
| FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.  RECEIPT ATTACHED (please tick)  Yes  No   |
| TO BE COMPLETED BY CARER   |
| I declare that I have supplied the services detailed above.  |
| Signature of Carer.  Age of Carer (please tick)  18-21 yrs.  Date. 27th Man. 20 10.  22yrs & over.   |
| Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF  |
| FOR OFFICE USE ONLY  Members' Services: Total Amount Claimed £ 10.30   |
| Authorised for payment . Date 08 06 10   |
| Payroll: Input by: Date: Batch no. Checked by: Date  |

|          |                 |              |                                       |               |                      | Due<br>Date | 22/0                    | <u>}</u>                                |                  |             |               |
|----------|-----------------|--------------|---------------------------------------|---------------|----------------------|-------------|-------------------------|---|------------------|-------------|---------------|
|          |                 | s incl s     | •                                     | E-CHIL        | × 40                 |             | •                       | I OF WINDSOF                            | ) ANITA N#ATT    | TENTER      | 2.4.10        |
| 1        | TC              | TS           | CostC                                 | Cal           | Cat                  | Cat         | Net £                   |   | CAIND MAIL       | )EINITE     | עאנ           |
| e<br>/.  | EZ              |              | ļ                                     |               | Cat                  | Cat         | - <del></del>           | - INVOICE FO                            | )R               |             |               |
| 0        | 1-6-            |              | mT30                                  |               |                      |             | 14.49                   | RE & DEPEND                             | ENTS' CARI       | ERS' SE     | RVICES        |
| $\dashv$ |                 |              |                                       |               |                      |             |                         | <del></del> .                           |                  | •           | * ;           |
| ia       | 1               |              |                                       |               |                      |             |                         | <b></b>                                 |                  |             |               |
|          | tions<br>t name | ······       |                                       |               | Evi                  | i No        |                         | [PLETED BY                              | COUNCIL          | LOR         |               |
|          | 1               | TIF          | IAR FO                                | (R)           |                      | ,           |                         | In Dia Cil.                             | e Toild          | P           | in 2 - 2      |
| ice      | i               |              |                                       |               | _   Gros             | ss c        |                         | lease Print)!!                          | المحاجبة المارية | . : بېجىبا. | 13.00         |
|          | N               | AM.          | E OF CA                               | RER           | •••                  |             | ******                  | *************************************** | *****            |             | ,             |
|          | C               | ATE          | GORY                                  | OF CARE       | PROVI                | DED (t      | olease tie              | ck)                                     |                  |             |               |
|          |                 |              |                                       | i.e. for chil |                      |             |                         |   |                  |             |               |
|          |                 | Ca           | re for de                             | pendents o    | n social             | /medic      | al grour                | ds i.e. elderly pare                    | ents or disable  | ·d          |               |
|          |                 | ch           | ildren/sił                            | olings who    | are dep              | endent      | upon a                  | Member                                  | me or aroant     | real.       |               |
|          | 1               |              |                                       |               |                      |             |                         |   |                  |             |               |
|          | I A             | 111          | ABYST                                 | 1710 6        |                      | SIN V       | NY:                     | RELATES TO:-                            |                  |             | 1             |
|          | -               |              |                                       |               |                      | 7711440     |                         |   |                  | *********   |               |
|          | D.              | ATE          | OF CAI                                | RER SERV      | ICE (D               | D/MM        | /YY)                    | 24/6/2010                               |                  |             | ·             |
|          | PI              | ĖA           | SE NOT                                | E, THE A      | LLOW                 | ANCE        | E IS PA                 | YABLE FOR TH                            | E LENGTH         | OF TH       | E             |
|          | Q               | UAL          | IFYING                                | S APPROV      | ZED DI               | UTY A       | ND CA                   | N INCLUDE TR                            | AVEL TIME        | E UP TO     | ) A           |
|          | M               | AXI          | MUM O                                 | F ONE H       | ATTE TO              | TID OY      |                         |   | SCANN            |             |               |
|          | TI              | ME           |                                       |               | ma<br>mas            | chine       | and ad                  | д 7.30pm<br>20.20pm                     |                  |             |               |
|          |                 | Fro          | m                                     | 183           | 0                    |             | 3600                    | @ €4 83 ch                              | 0 9 JUL          | 2010        |               |
|          |                 | To           |                                       | 213           |                      |             | =ŧ                      | , £4.83ph<br>14.49                      |                  |             |               |
|          |                 | Tot          | al hours                              | र्            |                      |             | (Maxiri                 | ium 4 hours)                            |                  |             |               |
|          | ,               | 1            | .1                                    |               |                      |             |                         | •                                       |                  |             |               |
|          | I Q             | ectar<br>Min | e inai 1 n<br>g me to t               | iave actuali  | ly and n             | ecessai     | rily incu               | rred expenditure o                      | on carer service | es for th   | e purpose of  |
|          | car             | er. I        | declare t                             | hat the care  | proved o<br>er is 18 | vears o     | as a iviei<br>of age or | nber of the Counc<br>over and not an in | II and that I ha | ave actua   | ally paid the |
|          | per             | son i        | esiding                               | with me wl    | no has r             | provide     | d the ca                | re.                                     | innediate mei    | HOEL OL     | my jaminy or  |
|          |                 |              |                                       | •             |                      |             |                         | gya da.                                 | ,                | 1.16        | ۷ -           |
|          | Sig             | natu.        | re of ivie                            | mber          |                      |             |                         | • | Date6            | )T.:1.Q     | J.            |
|          | FA              | ILUI         | RE TO P                               | ROVIDE R      | ECEIP                | TS MA       | Y RESU                  | JLT IN NON-PAY                          | MENT OF TH       | HE CLA      | IM.           |
| i        | LKI             | 3CEL         | PT ATTA                               | ACHED (ple    | ase tick             | )           | Yes                     | No No                                   |                  |             |               |
| i        |                 |              |                                       | <u> </u>      |                      |             |                         |   |                  |             |               |
| _        |                 |              |                                       |               | TO                   | BE C        | OMPL                    | ETED BY CA                              | RER              |             |               |
|          | I de            | clare        | that I ha                             | ave supplie   | d the se             | ervices     | detailed                | above.                                  |                  |             |               |
|          |                 |              | e of Car                              | •             |                      |             |                         |   | te 24/6          | 1201        | $\sim$        |
|          | Age             | acui<br>af ( | Cor Care<br>Carer (nle                | ease tick)    | 1.2.0                | ) 1 xrea    |                         | Dar<br>22yrs & o                        | te               | ./.49.5     | ٠             |
| L        |                 |              | (b.                                   | odso tick)    | 10-2                 | c1 y15      |                         | 22yrs & 0                               | ver              |             |               |
|          |                 | •            | 1                                     |               | 1                    |             |                         | ,                                       |                  |             | <del></del>   |
| I        | Pleas           | e ret        | urn this f                            | form to: De   | mocrat               | ic Serv     | rices, To               | wn Hall, St Ives R                      | Road, Maidenl    | head, Be    | rks SL6 1RF   |
| }        |                 |              | Services:                             |               |                      | FOR O       | FFICE U<br>£ 14•1       | SE ONLY                                 |                  |             |               |
| -        |                 |              | · · · · · · · · · · · · · · · · · · · | Author        | ised for p           |             |                         |   | Date 07-07       | 10 1        | 507/10        |
|          | Payro           | oll:         | Input                                 |               |                      | ate:        |                         | atch no.   Check                        | ked by:          | Date        | 310           |
| L        |                 |              |                                       |               | 1                    |             |                         |   | ļ                |             | J             |

| te<br>Inv   | 18  | /11/10                     | 3                                  | <u>00250</u>  | Jaı                                   | nt -                      | 76,90<br>Due , /.o  | <del></del>  |
|-------------|---|----------------------------|------------------------------------|---|---------------------------------------|---------------------------|---------------------|--|
| No.         | 0 chars   | incl space                 | ces)                               |   |                                       | d                         | Due 16/12           | ana  |
| 44          | RE  | BURB                       | AGE -                              | - OHILD   | CARE                                  | 1                         | <del>- 1</del>      | OF WINDSOR AND MAIDENHEAD  |
| c<br>de     | TC  | TS                         | CostC                              | Cat   | Cal                                   | Cat                       | Net £               | INVOICE FOR  |
| 16          | EZ  |                            | MJ30                               | <u> </u>  | _                                     |                           | 16.90               | -E & DEPENDENTS' CARERS' SERVICES  |
|             |   |                            |                                    |   |                                       |                           |                     |  |
| ecia        | <u> </u>  | - 20                       |                                    |   | 26 60                                 | 0411                      | <u> </u>            | A EEED DY COYNER CO  |
| truc        | tions   |                            | LETP1                              | MUST 1  |                                       | xt No.                    |                     | ->LETED BY COUNCILLOR  |
|             | Ş   | T. HA                      | MFOR                               |   |                                       |                           | ŧ                   | ase Print) CUR DAVID BURBAGE.  |
| 1           | NAN   | ИЕ ОН                      | CARE                               | R   | 48. K KK.                             |                           | · . • . =           |  |
|             |   |                            |                                    |   |                                       | Y                         |                     |  |
|             | CAI   | Childe                     | XY OF C                            | CARE PR<br>for childre  | OVIDE                                 | 15 or                     | lease tick          | k)   |
|             | L.  |                            |                                    |   |                                       |                           |                     |  |
|             | c   | hildre                     | n uepen<br>n/sibling               | gs who are  | ociai/m<br>e denen                    | leaica<br>dent i          | u ground<br>mon a M | is i.e. elderly parents or disabled  |
|             |   |                            |                                    |   |                                       |                           |                     |  |
|             | APP)  | KOVE                       | TUD UI                             | Y THAT  | CAREI                                 | R SEI                     | RVICE F             | RELATES TO:-<br>D. LIEUTEN ANTS DU PRINTE CEREMONY 2010  |
|             | • • • • • •                                     |                            |                                    |   |                                       |                           |                     |  |
|             | DAT   | E OF                       | CARER                              | SERVIC  | E (DD/                                | MM/                       | YY)4                | 3/09/2010.   |
|             | To  | rom                        | ours                               | 18.30<br>22.00  |                                       |                           |                     | Shr3 (a) £4,83 per hr. = £16.90  |
|             |   | Juli IIC                   | 7413                               | <u> </u>  | · · · · · · · · · · · · · · · · · · · |                           | (iviaxiiii          | im 4 nours)  |
| c<br>p<br>S | nabli<br>arer.<br>ersor<br>ignat<br><b>AILU</b> | ng me I decl resid ture of | to perform to that ing with Member | orm approtent the carer of the carer of the carer of the carer of the care of | oved du is 18 ye has pro              | ties a<br>ears o<br>video | s a Mem f age or o  | red expenditure on carer services for the purpose of ther of the Council and that I have actually paid the over and not an immediate member of my family or e.  Date |
|             |   | **                         |                                    |   | TO B                                  | E CC                      | OMPLI               | ETED BY CARER  |
| I           | decla   | re tha                     | t I have                           | supplied  |                                       |                           |                     |  |
|             |   |                            |                                    |   | _                                     |                           |                     | Date   |
|             | · · · · · · · · · · · · · · · · · · ·           |                            | ~~~~ <u>~</u>                      |   |                                       |                           |                     |  |
| Ple         | ase re  | eturn t                    | his forn                           | n to: Dem   | ocratic                               | Servi                     | ices, Tov           | vn Hall, St Ives Road, Maidenhead, Berks SL6 1RF   |
|             |   | s' Serv                    |                                    | Total Am  | F                                     | OR OF                     | FICE US             | EONLY  |
| 141         | 0111001   | - DOLV                     |                                    | Authorise   |                                       |                           |                     | Date 23/11/10  |
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| te 18/11/               | 10 10                  | 800250              | amt                                    | たしんけく                    |   |
|-------------------------|------------------------|---------------------|--|--------------------------|---|
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| ext (30 chars incl :    | spaces)<br>2 RURBF     | 46 - c              | HIADO                                  | ARE"                     | F WINDSOR AND MAIDENHEAD  |
| CC TC TS                |                        | Cat                 |  | at Net£                  |   |
| 26 EZ                   | MJ3                    |                     |  | 12.72                    | -{NVOICE FOR<br>- & DEPENDENTS' CARERS' SERVICES                      |
| (6   L 2                | ري ري ۱۸               | •                   |  |                          | E & DEPENDEN 15, CARERS, SERVICES                                     |
|                         |                        |                     |  |                          |   |
| ecial pc                | CEIPT M                | UST BES             | CANINE                                 | <u> </u>                 | LETED BY COUNCILLOR   |
| ntact name              |                        |                     | Ext N                                  |                          |   |
| J.                      | HARFO                  | BD                  | 1 1                                    | 1                        | e Print) CUR DAVID BURBAGE  |
| NAME O                  | F CARER                |                     |  | ^                        |   |
| ,                       |                        |                     |  |                          |   |
|                         |                        | ARE PROV            | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                          | )   |
| <u> </u>                | w                      | or children a       |  |                          |   |
|                         |                        |                     |  |                          | s i.e. elderly parents or disabled                                    |
| childre                 | en/siblings            | who are de          | pendent                                | upon a Mo                | ember   |
| APPROV                  | ED DUTY                | THAT CA             | RER SE                                 | RVICE R                  | ELATES TO:-   |
| CAR                     | T 2.101                | MEET                | WG:                                    | BARA.                    | OT THE  |
| DATE OF                 | CARER                  | SERVICE (1          |  | (/VV) 3                  | 0/9/2010  |
| DALLE                   | C, MOJEC               | odicy tota (        |  | J 1 1 J                  |   |
| PLEASE                  | NOTE, T                | HE ALLOY            | WANCI                                  | E IS PAYA                | ABLE FOR THE LENGTH OF THE  |
|                         |                        |                     |  |                          | INCLUDE TRAVEL TIME UP TO A   |
| _                       |                        | NE HOUR             |  |                          |   |
| TIME                    |                        |                     |  | in I                     | `a ¥2a 0 40   |
| From                    |                        | 5.30                | ]                                      | //llen                   | hy, 7, 50 - 1,00  |
| To                      |                        | 9.30                |  |                          | ing . 7.30 - 9.08<br>kdne<br>1. Incl-travel = 2hrs 38 rins @ £4.83 p. |
| Total h                 | ours                   | 4-1000              |  |                          | m 4 hours) $= \cancel{\cancel{+}} \cancel{12}, \cancel{72}.$          |
| 100011                  |                        | 7.00                |  | (111mminum               | - £12,12.   |
| I declare th            | at I have              | actually and        | necessa                                | rily incurr              | red expenditure on carer services for the purpose of                  |
|                         |                        |                     |  |                          | ber of the Council and that I have actually paid the                  |
|                         |                        |                     |  |                          | over and not an immediate member of my family or                      |
| person resi             | ding with              | me who has          | provide                                | ed the care              |   |
| Signature o             | of Member              |                     |  |                          | Date! 5 / 11/10   |
| J                       |                        |                     |  |                          | •   |
|                         |                        |                     |  |                          | T IN NON-PAYMENT OF THE CLAIM.  |
| RECEIPT                 | ATTACHI                | ED (please tic      | ek)                                    | Yes                      | No  |
|                         |                        |                     | ····                                   |                          | · · ·   |
|                         |                        | TC                  | BÉ C                                   | OMPLE                    | ETED BY CARER   |
|                         | at I have s            | supplied the        | services                               | detailed a               | above.  |
| I declare th            |                        | whatton min         |  |                          |   |
|                         |                        |                     |  |                          | 20/0/2010   |
| Signature o             | f Carer.               |                     |  |                          | Date 30/9/2010  |
| Signature o             | f Carer.               |                     |  | V                        | Date 30/9/2010.   |
| Signature o             | f Carer.               |                     | 3-21 yrs.                              |                          | 22yrs & over  |
| Signature o             | f Carer.<br>er (please | tick) 18            | 3-21 yrs.                              | ······                   | 22yrs & over  |
| Signature of Car        | f Carer.<br>er (please | tick) 18            | 3-21 yrs.                              | ······                   | vn Hall, St Ives Road, Maidenhead, Berks SL6 1RF                      |
| Signature of Age of Car | of Carer. er (please   | tick) 18 to: Democr | 3-21 yrs ratic Ser FOR (               | vices, Tow<br>OFFICE USI | vn Hall, St Ives Road, Maidenhead, Berks SL6 1RF                      |
| Age of Car              | of Carer. er (please   | tick) 18            | 3-21 yrs ratic Ser FOR (               | vices, Tow<br>OFFICE USI | vn Hall, St Ives Road, Maidenhead, Berks SL6 1RF                      |